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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER THE HIGHMORE HERALD		2. DATE 9/20/19
3. FREQUENCY OF ISSUE WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $28 In-state $31 Out-of-state
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 435, 211 IOWA AVE. SW, HIGHMORE, HYDE, SD 57345-0435		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. BOX 435, HIGHMORE, SD 57345-0435		
6. FULL NAME OF PUBLISHER: MARY ANN MORFORD		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: MARY ANN MORFORD	COMPLETE MAILING ADDRESS: PO BOX 435, HIGHMORE, SD 57345-0435	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1400	1400
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	135	142
2. Mail Subscription (Paid and or requested)	774	754
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	909	896
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	41	40
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	950	936
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	407	425
2. Return from News Agents	43	39
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1400	1400

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Mary Ann Morford
(Signature)

Owner/Publisher
(Title)

State of South Dakota)
§
County of HYDE)

Sworn to before me this 20 day of Sept., 2019

Mary E Hamb
Notary Public

(Seal)

My commission expires: July 8, 2022

Form: SOS REC 051 9/2016